

MSP Crime Laboratory - Quality Assurance Manual

MSP Crime Lab Testimony Review Form (page 1 of 2)

Witness: _____ Date: _____

Evaluator: _____ Lab #: _____

Prosecuting Attorney: _____

Defense Attorney: _____

Judge: _____

County: _____ Superior/District: _____

Commonwealth vs. _____

Time on Stand:

Direct _____ Cross _____ Redirect _____ Recross _____

Type: ☐ Arson/Explosives ☐ Crime Scene ☐ Criminalistics (specify) _____

☐ DNA ☐ Drugs ☐ Evidence Handling ☐ OUI ☐ Toxicology

I) Appearance/Demeanor

Clothing	
Facial Expression	
Posture	
Eye Contact	
Poise	
Confidence	
Gestures	
Voice	
Neatness	

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II) Responsiveness

Easy to Understand	
Speed of Response	
Briefness / Brevity	
Volunteer Information	
Request Clarification	

III) Technical Knowledge

Technical accuracy	
Technical persuasiveness	
Limited to area of expertise	
Convey scientific concepts in understandable terms	
Qualified as expert	
Opinions rendered	
Defense of reported conclusions	

Comments:

Date of Witness/Reviewer meeting: _____

Witness's Comments: _____

Technical Manager(s) Signature & Date: _____